

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692 (Rev. 4-97)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				RCS No. G-MOA	
						UNIT CASE NUMBER	
SECTION I. GENERAL INFORMATION							
1. Name of Vessel or Facility M/V SIDSEL KNUTSEN		2. Official No. 9019779		3. Nationality Norwegian		4. Call Sign LASM4	
5. USCG Certificate of Inspection issued at:		6. Type (Towing, Freight, Fish, Drill, etc.) Freighter - tanker		7. Length 533 ft		8. Gross Tons 15,806	
9. Year Built 1993		10. Propulsion (Steam, diesel, gas, turbine...) Diesel		11. Hull Material (Steel, Wood...) Steel		12. Draft (Ft. - in.) FWD 7.1 m AFT. 7.2 m	
13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) DNV		14. Date (of occurrence) 10/23/01		15. TIME (Local) Approximately 07:00 a.m.		16. Location (See instruction No. 10A) Detroit River - off Zug Island	
17. Estimated Loss of Damage TO:		18. Name, Address & Telephone No. of Operating Co. Knutsen OAS Shipping A/S Smedasundet 40, PO Boks 2017 N-5504 Haugesund		VESSEL J.W. Westcott II		CARGO Crew members	
19. Name of Master or Person in Charge Jan Holthe		USCG License <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. Name of Pilot Robert Hull		USCG License <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code) c/o Knutsen OAS Shipping		19b. Telephone Number		20a. Street Address (City, State, Zip Code)		20b. Telephone Number	
21. Casualty Elements (Check as many as needed and explain in Block 44.)							
NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input checked="" type="checkbox"/> MISSING - HOW MANY? 2 <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED _____ (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED _____ <input type="checkbox"/> COLLISION _____ (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE		<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input checked="" type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE		<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input checked="" type="checkbox"/> OTHER (Specify) All damage and injury aboard J.W. Westcott II			
22. Conditions							
A. Sea or River Conditions (wave height, river stage, etc.) Calm		B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input checked="" type="checkbox"/> NIGHT		D. VISIBILITY <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR	
				E. DISTANCE (miles of visibility) 3 F. AIR TEMPERATURE (F) 63° G. WIND SPEED & DIRECTION _____ H. CURRENT SPEED & DIRECTION 2 knots			
23. Navigation Information							
<input type="checkbox"/> MOORED, DOKED OR FIXED <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING		SPEED 8-9 knots AND COURSE upbound		24. Last Port Where Bound Hamilton, Ontario Sarnia Ontario, Canada		24a. Time and Date of Departure 1:30 p.m. 10-21-01	
25. N/A		25a. N/A		25b. N/A		25c. N/A	
25d. (Describe in Block 44.)		25e. N/A		25f. N/A		25g. N/A	
25h. N/A		25i. N/A		25j. N/A		25k. N/A	
SECTION II. BARGE INFORMATION							
26. Name N/A		26a. Official Number		26b. Type		26c. Length	
26d. Gross Tons		26e. USCG Certificate of Inspection issued at:		26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE	
26h. Draft FWD		26i. Draft AFT		26j. Operating Company		26k. Damage Amount	
BARGE _____		CARGO _____		OTHER _____		26l. Describe Damage to Barge	

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name)		27c. Status <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other	
		27b. Address (City, State, Zip Code)			
28. Birth Date	29. Telephone No.	30. Job Position		31. (Check here if off duty) <input type="checkbox"/>	
32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.)					
33. Person's Time		YEAR(S)	MONTH(S)	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)	
A. IN THIS INDUSTRY -		_____	_____		
B. WITH THIS COMPANY -		_____	_____	35. Was the Injured Person Incapacitated 72 Hours or More?	
C. IN PRESENT JOB OR POSITION -		_____	_____		
D. ON PRESENT VESSEL/FACILITY -		_____	_____	36. Date of Death	
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		_____	_____		
37. Activity of Person at Time of Accident					
38. Specific Location of Accident on Vessel/Facility					
39. Type of Accident (Fall, Caught between, etc.)			40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)		
41. Part of Body Injured			42. Equipment Involved in Accident		
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the Injury.					

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).

While proceeding in the Detroit River at the specified location at an appropriate and constant speed and course, the vessel J.W. Westcott II approached to exchange pilots. Instead of coming alongside amidship in the approximate location of the pilot ladder, the pilot boat came alongside at the stern of the vessel where she pitched and rolled and eventually capsized without warning.

45. Witness (Name, Address, Telephone No.)

Third Officer, Wilfred Goc-Ong; c/o Knutsen OAS Shipping A/S

46. Witness (Name, Address, Telephone No.)

O/S Evelix B. LeAsis; c/o Knutsen OAS Shipping A/S

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) (Last, First, Middle)	47b. Address (City, State, Zip Code)	47c. Title
Moore, William A.	500 Woodward Ave., Suite 3500	Attorney
47a. Signature <i>William A. Moore</i>	Detroit, MI 48226	47d. Telephone No.
		[REDACTED]
		47e. Date

FOR COAST GUARD USE ONLY

REPORTING OFFICE:

APPARENT CAUSE:

CASUALTY CODE A B C	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE
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ENCLOSURE (5)